



Express Mail No.: EL988726660US

Date Deposited: 03/18/2004

Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTO/SB/06 (08-00)

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

8245.056

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 = *	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0

RATE	FEE
	\$ 0
x \$ 9 =	0
x 43 =	0
+ 140 =	0
TOTAL	0

RATE	FEE
	\$ 0
x \$ 18 =	0
x 86 =	0
+ 280 =	0
TOTAL	0

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 10	Minus	** 20	= 0
	Independent (37 CFR 1.16(b))	* 4	Minus	*** 3	= 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 43 =	0
+ 140 =	0
TOTAL	0

RATE	ADDI- TIONAL FEE
x \$ 18 =	0
x 86 =	86
+ 280 =	0
TOTAL	86

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 43 =	0
+ 140 =	0
TOTAL	0

RATE	ADDI- TIONAL FEE
x \$ 18 =	0
x 86 =	0
+ 280 =	0
TOTAL	0

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 43 =	0
+ 140 =	0
TOTAL	0

RATE	ADDI- TIONAL FEE
x \$ 18 =	0
x 86 =	0
+ 280 =	0
TOTAL	0

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SEND TO: Commissioner For Patents, PO Box 1450
Alexandria, VA 22313-1450